



COMMUNITY RECREATION, ART, CULTURE AND HERITAGE INVESTMENT GRANT APPLICATION

Organizations are restricted to one successful grant application per fiscal year.

Applications must be received by the first Thursday of every month and at least thirty (30) days prior to the date the funds are required.

SECTION 1: GRANT INFORMATION	
Select the grant you are applying for:	
<input type="checkbox"/> Development Incentive Grant	<input type="checkbox"/> Community Incentive Grant
<input type="checkbox"/> Travel Grant	<input type="checkbox"/> Equipment Grant
<input type="checkbox"/> Arts, Culture, and Heritage Grant	<input type="checkbox"/> Screen Based Production Grant
<input type="checkbox"/> Other Structured Fundraising and/or Sponsorship Grants	<input type="checkbox"/> Other Community Recreation, Art Culture and Heritage Investments
<input type="checkbox"/> Major Community Tourism Event Grant	
<input type="checkbox"/> Leadership Grant	
<input type="checkbox"/> Community Fundraising Gala Events Grant	
Amount of funds being requested (<i>must be within Policy guidelines</i>): \$ _____ (Canadian Dollars)	
SECTION 2: ORGANIZATION INFORMATION	
Legal Name of Organization:	
Name of Applicant:	
The Organization is a(n):	
<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit Organization
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Registered Charity
<input type="checkbox"/> For-profit Organization	
<input type="checkbox"/> Government Entity	
Phone Number:	Email:
Mailing Address:	
The Organization is based out of:	
<input type="checkbox"/> City of Cold Lake	<input type="checkbox"/> M.D. of Bonnyville No. 87 (Ward ____)
<input type="checkbox"/> Other: _____	
SECTION 3: APPLICATION INFORMATION	
The funds will contribute to:	
<input type="checkbox"/> A New Initiative	<input type="checkbox"/> An Existing Initiative
<input type="checkbox"/> Project Revival <i>(inactive for 3+ years)</i>	<input type="checkbox"/> Other:
<input type="checkbox"/> An Event:	
Event Date: _____	
Location: _____	
Occurrence: <input type="checkbox"/> One-Time <input type="checkbox"/> Annual <input type="checkbox"/> Monthly	
Expected Number of Attendees: _____	
Targeted Audience and Membership:	
<input type="checkbox"/> All Ages	<input type="checkbox"/> Youth (0 - 17 years)
<input type="checkbox"/> Adult (18 - 60 years)	<input type="checkbox"/> Senior (60+ years)

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act, Sec. 33 (c)*, which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

Describe the reason you are requesting support from the City of Cold Lake:

Describe how the grant funds will develop or enhance recreation, art, culture and heritage within the community:

If this is an Event, describe the economic benefit to the Community:

Describe all fundraising efforts in relation to this application:

Provide details of all locally sourced items, resources, volunteers, or services:

Describe how you will acknowledge the City of Cold Lake as a sponsor:

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

SECTION 4: DOCUMENT CHECKLIST

- REQUIRED FOR ALL APPLICATIONS:**
- Completed Application Form.
 - Certified Corporate Search reflecting the current directors and authorities of the Organization.
 - Letter of Support from the Organization.
 - Budget that includes items, purpose, costs, proposals, and fundraising strategies.
 - Structured fundraising package.
 - Detailed list of all other fundraising secured to date.

YOU ARE APPLYING FOR A:	YOU ARE REQUIRED TO PROVIDE:
--------------------------------	-------------------------------------

<ul style="list-style-type: none"> • Community Incentive Grant • Equipment Grant • Major Community Tourism Event Grant • Screen Based Production Grant • Grant exceeding \$2,500 	<ul style="list-style-type: none"> <input type="checkbox"/> Outline on economic benefit to the community <input type="checkbox"/> Quotes <i>(more than one if possible)</i> <input type="checkbox"/> Economic impact assessment study, or equivalent <input type="checkbox"/> Description of the genre or types of production <input type="checkbox"/> Last Audited Financial Statements OR the most recent financial statements submitted to Alberta Corporate Registry.
---	---

SECTION 5: BUDGET *(attach additional pages, if required)*

EXPENSES

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL EXPENSES:

REVENUE

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL REVENUE:

FUNDRAISING

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL FUNDRAISING:

SUMMARY OF PROFIT/LOSS

INCOME:	EXPENSES:	PROFIT/LOSS:
----------------	------------------	---------------------

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

SECTION 6: DECLARATION

By signing and submitting this application form, I confirm that:

1. The information provided on this application is true, complete and correct.
2. I understand that the City of Cold Lake Community Grant Advisory Committee may decline this application:
 - a. If I have submitted any false statements or concealed a relevant or significant fact as both constitute misrepresentation.
 - b. If I do not comply with any request for information required by the City of Cold Lake Recreation and Culture Advisory Committee to effectively administer and maintain the integrity of the program.
 - c. At the discretion of the Committee.
3. The Organization or Individual is in financial good standing with the City of Cold Lake.
4. Organizations are restricted to one successful grant application per fiscal year.
5. I or the Organization has not received funding and/or are in a partnership arrangement with the City of Cold Lake, its Council or other City Departments or affiliates in the same fiscal year for the same purpose or projects, including further requests for facility fee reductions using various municipalities.
6. I confirm the grant funds will not be used toward:
 - a. Administrative costs such as personnel expenses, non-program related fundraising expenses and/or legal fees, wages or salaries.
 - b. Individuals, unless there is written support of the non-profit organization they are involved with and will be the "sponsor" of the grant.
 - c. Religious or political activities.
 - d. Debt retirement, depreciation, retroactive or deficit funding.
 - e. Individuals recognized as producing tobacco, alcohol, or cannabis products.
 - f. Expenditures for a program, event, training or travel that has already occurred; or
 - g. Incomplete applications.
7. I will represent Cold Lake in a positive manner and acknowledge the City of Cold Lake as a sponsor.
8. I understand that my attendance as a delegate is required at a Community Grant Advisory Committee meeting to speak to this application and answer any questions presented to me.
9. I have read, understand and agree to abide by the terms and conditions governing the grant outlined in Policy No. 097-RC-07.

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Received By: _____

Date: _____

Required Documents Attached

Initial: _____

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.